

PART B - FEE(S) TRANSMITTAL

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FAY SHARPE LLP
1228 Euclid Avenue, 5th Floor
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Mary Schriner

(Depositor's name)

Mary Schriner

(Signature)

February 08, 2011

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/580,973	04/02/2007	Emil Radkow	GLOZ_200167US01	9258

TITLE OF INVENTION: FULL SPECTRUM PHOSPHOR BLENDS FOR WHITE LIGHT GENERATION WITH LED CHIPS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES(DUE)	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/08/2011
EXAMINER	ART UNIT	CLASS-SUBCLASS				
NGO, NGAN V	2893	257-079000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03/02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 FAY SHARPE LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

GE Lighting Solutions, LLC

Cleveland, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **06-0308** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: 

Date: February 8, 2011

Typed or printed name: Scott A. McCollister

Registration No. 33,961

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